2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M65293				FILED Apr 23, 2003 8:00 am Secretary of State	0012799 #
1. Entity Nar	me	.0		04-23-2003 90170 015 ***150.00	8
CRUISING	G INTERNATIONAL, INC.				
	· 		COO WE THE		
· ·	ce of Business	Mailing Address			
1000 NORTH HOLLY HILL		1000 NORTH BEACH ST. HOLLY HILL FL 32117		11000500	
US		US			
2. Principal I	Place of Business	3. Mailing Address			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Sta	te	City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country -	5. Certificate of Status Desired	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
SPERL, HARRY			Street Addres	ss (P.O. Box Number is Not Acceptable)	
	ERLY CIRCLE A BEACH FL 32118				
DATIONA	A DEACH PE 32116		City	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND (DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	(10/02)
NAME STREET ADDRESS	SPERL, HARRY		NAME STREET ADDRESS		
CITY-ST-ZIP	1000 NORTH BEACH ST HOLLY HILL FL		CITY-ST-ZIP	\{ <u> </u>	E03
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	CR2E034
NAME	1		. NAME		٠
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		L Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADORESS		
CITY-ST-7IP			CITY, ST7IP		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SEQUILATED SPANZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR